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By: \_\_\_\_\_

Kimberly Melvin

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No.	:	10/060,206	Confirmation No.:	7500
Applicant	:	MURRAY, Robert III		
Filed	:	January 29, 2002		
TC/A.U.	:	3731		
Examiner	:	Nguyen, V. X.		
Docket No.	:	PA950		
Customer No.	:	28390		
Title	:	Flared Stent and Method of Use		

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**AMENDMENT AFTER FINAL**

Sir:

In response to the final office action mailed February 24, 2005 and the Advisory Action mailed May 18, 2005, Applicant requests reconsideration of the application and entry of this amendment.

**The listing of claims** begins on page 2 of this paper.

**Remarks/Arguments** begin on page 3 of this paper.



THW  
AF

PTO/SB/21 (09-04)  
Approved for use through 07/31/2005. OMB 0551-0031  
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/060,206
	Filing Date	January 29, 2002
	First Named Inventor	MURRAY, Robert III
	Art Unit	3731
	Examiner Name	NGUYEN, V.X.
Total Number of Pages in This Submission	Attorney Docket Number	PA950

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Medtronic Vascular, Inc.		
Signature			
Printed name	James F. Crittenden		
Date	May 24, 2005	Reg. No.	39,560

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Signature			
Typed or printed name	Kimberly Melvin	Date	May 24, 2005

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